PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00407

1. Corporation Name

THE MERCANTILE AND GENERAL LIFE REASSURANCE COMP ANY OF AMERICA

	Principal Place of Business	Mailing Address								
	SUITE 3000. 161 BAY. ST CANADA TRUST TOWER TORONTO. ONATARIO M5J 2T6 CANADA	RONTO, ONATARIO M5J 2T6 TORONTO, ONATARIO M5J 2T6			DO NOT WRITE IN THIS SPACE					
					3.	Date Incorporated or Qualifed 12/28/1983				
	2. Principal Place of Business	2a. Mailing Address			4.	FEI Number		A	pplied For	
	21 50 King Street West	26 150 King Stre	ae t	West		13-3126819 <u> </u>		No	ot Applica	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 22 11th Floor 27 11th Floor					Certifcate of Status Desired	• -	\$8.75 Additional Fee Required		
	City & State 23 Toronto, Ontario	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Zip : Country 24 M5H 1J9 25 Canada	Zip Co	untry		8.	This corporation owes the current year Personal Property Tax.	Intangibl		√Z\No	
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
	THE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG.			Name						
				Street Addre	ress (P.O. Box Number is Not Acceptable)					
	TALLAHASSEE FL 32301		83		-	<u> </u>				
	1		84	City			95	Zin	Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. 1.1 TITLE Change **X**Addition TITLE * YDELETE President GEE. KIN KEUNG 1.2 NAME NAME Graham John Bancroft 55 EAST 52ND STREET, 39TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS 150 King Street West **NEW YORK NY 10055** CITY-ST-ZIP 1.4 CITY-ST-ZIP <u> Toronto, Ontario M5H 1J9</u> Canad<u>a</u> XAddition X X DELETE ☐ Change TITLE 2.1 TITLE Secretary CAULFEILD-BROWNE, GEORGE WILLIAM 2.2 NAME NAME Villiam Robert Minucci SUITE 3000, CANADA TRUST TOWER, 161 BAY ST 2.3 STREET ADDRESS STREET ADDRESS 150 King Street West Toronto, Ontario M5H 1J9 Canada Addition TORONTO, ONTARIO M5J 2T6 CITY-ST-ZIP 2.4 CITY-ST-ZIF X X DELETE 3.1 TITLE TITLE Treasurer SCOTT, K. G. . NAME 3.2 NAME Paul Michael Henlisia 161 BAY STREET STE 3000 3.3 STREET ADDRESS STREET ADDRESS 150 King Street West TORONTO, CANADA 3.4. CITY-ST-ZIP CITY-ST-7IP Toronto, Ontario M5H 1J9 Contact at Applition X X DELETE 4.1 TITLE TITLE Vice President & Appointed Actuary GODBEHERE, ANN FRANCES 4. 2 NAME NAME Joseph Frank Talarico SUITE 3000, CANADA TRUST TOWER, 161 BAY ST 4.3 STREET ADDRESS STREET ADDRESS 150 King Street West TORONTO, ONTARIO M5J 2T6 4.4 CITY-ST-ZIP CITY-ST-ZIP Toronto, Ontario M5H 1J9_CangeadaApokyon XOELETE 5.1 TITLE TITLE Vice President 5.2 NAME HART, JEFF RODERICK NAME teven William Easson 55 EAST 52ND STREET, 39TH FLOOR 5.3 STREET ADORESS STREET ADDRESS 50 King Street West **NEW YORK NY 10055** 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE oronto, Ontario M5H 1J9CCmmadalAMM X XDELETE TITLE GRIFFITH DINSMORE, GORDON 6.2 NAME lice President NAME 237 PARK AVENUE 63 STREET ADDRESS eter Albert Marion STREET ADDRESS **NEW YORK NY 10017** 50 King Street West CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated to Section 1 19.07(3)(i). Florida Statutes of the property that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath that an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed

SIGNATURE:

<u> April 30, 1999</u> (416) 979-6266

FILED May 06, 1999 8:00 am **Secretary of State**

05-06-1999 90003 029 ***150.00

(11/98)

CR2E034

Applied For Not Applicable

Zip Code